

EMERGENCY CARE CARD

**** PLEASE FILL OUT FRONT AND BACK OF CARD ****

Last Name _____ First Name _____ Date of Birth(MO/Day/Year) _____
 Address _____ E-Mail Address _____
 City _____ Zip _____ Grade _____
 Home Telephone _____ Homeroom Teacher _____

To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

	Address	Telephone
Mother/ Guardian	Home _____ Work _____	Home _____ Work _____ Cell Number _____
Father Guardian	Home _____ Work _____	Home _____ Work _____ Cell Number _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Home Address _____	Home Address _____
Work Address _____	Work Address _____
Telephone: Home _____ Work _____ Cell _____	Telephone: Home _____ Work _____ Cell _____
Relationship: _____	Relationship: _____

Please list other children attending New Jersey Public Schools (Name, School)

Please check this box if there has been a name change of parent/guardian, address or telephone number (Please fill out back of card) »

Does child have Health Insurance?

Yes _____ If Yes, name of insurance company _____
 No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.
 For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.
 You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

List any medical/surgical care your child has received during the past year:

Dental Exam	_____	_____
	date	braces
Eye Exam	_____	_____
	date	contacts glasses
Allergy	_____	_____
	kind	medications
Allergic Reaction	_____	_____
	date	medications
Immunizations/Tetanus	_____	_____
	date	type
Restrictions	_____	_____
	type	

Doctor _____ Telephone _____
 Dentist _____ Telephone _____
 Hospital _____ Address _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s) / Guardian(s)

Date